Surgical Critical Care Log

Please insert the operative log for each SCC resident.

Essentials in Critical Care Management

Select the patients who best represent all the essential aspects of intensive care unit management. Each resident is to develop a Surgical Critical Care Index Case (SCCIC) log of twenty patients who best represent the full breadth of critical care management. At least two out of the seven categories listed below should be applicable to each chosen patient. The completed SCCIC log should include experience, with at least one patient, in each of the following essential categories: ventilator dependent, hemorrhage, hemodynamic lability, multiple organ failure, dysrhythmia, nutritional support and each of the procedures.

1. Diagnosis Pick list by ICD 9/10 Code

2. Ventilator

a) Advanced modes of ventilation ( ) YES ( ) NO

b) Non- invasive ventilation ( ) YES ( ) NO

c) Non-invasive monitoring eg. end tidal CO2 ( ) YES ( ) NO

3. Hemorrhage

 a) Transfusion ( ) YES ( ) NO

 b) Massive transfusion ( ) YES ( ) NO

 c) Coagulopathy ( ) YES ( ) NO

 d) TEG ( ) YES ( ) NO

4. Shock management and hemodynamic support

a) Severe sepsis ( ) YES ( ) NO

b) Septic shock ( ) YES ( ) NO

c) Cardiogenic shock ( ) YES ( ) NO

d) Hemorrhagic shock ( ) YES ( ) NO

e) Hypovolemic shock ( ) YES ( ) NO

f) Neurogenic shock ( ) YES ( ) NO

g) Burn resuscitation ( ) YES ( ) NO

5. Organ failure

a) Renal ( ) YES ( ) NO

b) Hepatic ( ) YES ( ) NO

c) Endocrine ( ) YES ( ) NO

d) CNS and goal directed cerebral resuscitation ( ) YES ( ) NO

6. Dysrhythmia ( ) YES ( ) NO

7. CNS Monitoring

* + 1. Intracranial Pressure monitor ( ) YES ( ) NO
		2. Continuous EEG ( ) YES ( ) NO
		3. LICOX ( ) YES ( ) NO
		4. Jugular Bulb oximetry ( ) YES ( ) NO

8. Nutritional support

a) Enteral ( ) YES ( ) NO

b) Parenteral ( ) YES ( ) NO

9. Prophylaxis

 a) Early mobilization (Indications, benefits) ( ) YES ( ) NO

 b) DVT prophylaxis (Indications, contraindications) ( ) YES ( ) NO

 c) Ventilator bundle (Benefits) ( ) YES ( ) NO

 d) Stress ulcer prophylaxis (Indications, benefits) ( ) YES ( ) NO

10. Specialized exams

 a) Cervical spine ( ) YES ( ) NO

 b) Brain death ( ) YES ( ) NO

 c) Identification & management organ donors ( ) YES ( ) NO

 d) End of life care ( ) YES ( ) NO

11. Complex fluid and electrolyte management

 a) Acute renal failure ( ) YES ( ) NO

 b) Small bowel ostomy ( ) YES ( ) NO

 c) Enterocutaneous fistula ( ) YES ( ) NO

 d) Large open soft tissue wound ( ) YES ( ) NO

 e) Open abdomen ( ) YES ( ) NO

12. Thermoregulation

 a) Management of alterations (Hypothermia, MH, neuroleptic MH) ( ) YES ( ) NO

 b) Indications and use of therapeutic hypothermia ( ) YES ( ) NO

13. Procedures (ICU-specific)

a) Airway management

i. Endotracheal intubation ( ) YES ( ) NO

ii. Percutaneous Tracheostomy ( ) YES ( ) NO

iii. Open Tracheostomy ( ) YES ( ) NO

b) Placement of vascular lines

i. Central Venous Line ( ) YES ( ) NO

ii. Pulmonary Artery Catheter ( ) YES ( ) NO

iii. Peripheral Artery Catheter ( ) YES ( ) NO

c) Non-invasive monitoring of CO ( ) YES ( ) NO

d) Tube thoracostomy ( ) YES ( ) NO

e) Bronchoscopy ( ) YES ( ) NO

f) Enteral access

i. Transnasal gastric feeding tube ( ) YES ( ) NO

ii. Transnasal small bowel feeding tube ( ) YES ( ) NO

iii. Endoscopically assisted small bowel feeding tube access ( ) YES ( ) NO

iv. Percutaneous endoscopic gastrostomy/jejunostomy ( ) YES ( ) NO

g) Bedside procedures

* 1. Fasciotomy ( ) YES ( ) NO
	2. Escharotomy ( ) YES ( ) NO
	3. Decompressive laparotomy ( ) YES ( ) NO
	4. Gastrostomy ( ) YES ( ) NO
	5. Insertion IVC filter ( ) YES ( ) NO

14. Operations listed by CPT code. Must include all operations performed by the Critical Care Resident